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NOV 1 4 2011

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 11.14.11
Amount \$530.

REFOR OF INSPECTOR GENERAL

IDENTIFICATION

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ndividual artnership orporation
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If facility owned or lease	ed by a corporation, complete the following:	
Name of corporation _	Central City Enterprises, Inc.	····
Address of corporation	521 Greene Drive, P.O. Box 565, Greenville, KY 42345	
President or Chairman	Gregory Sparks	·
Vice President	Beau Sparks	-
Secretary	Muriel McRoy	· · · · · · · · · · · · · · · · · · ·
Treasurer	Muriel McRoy	
a twenty-five (25) perce If owned by a corporation each officer or director	t listing the names and addresses of each person havent ownership interest in the facility. on, attach a separate sheet listing the names and add of the corporation. hip, attach a separate sheet listing the names and add	resses of
Name and address of p	parent corporation and/or management company, if ap	plicable.
Parent	Management Company	
		
		
to the Office of Inspector Gene that this facility and all aspec surveillance by all state ager comoleting this application is	in the application that affects my licensure status will be and a new application will be completed at that to the state of its operation shall be open at all times to inspect the information of the best of my knowledge and recan result in denial or revocation of licensure.	ime. I agree spection and tion given in
	Administrator	11/02/11
Signature of authorized repres	entative Title	Date
Return Application and fee to:	Office of Inspector General 275 East Main Street, 5E-A Frankfort, Kentucky 40621	

OIG 5 (10/2002)